

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Greenlee
District of Clifton
Town of Clifton
or

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 237 A
County Registrar No. _____
Local Registrar No. 14

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Wilma Brown { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec. 20 1928
Month Day Year

8. FATHER
Full name Harry O Brown
9. Residence (Usual place of abode) Duncan Ariz
If non-resident, give place and state. Route # 2

10. Color or race white 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Fort Smith
(State or country) Arkansas

13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Edo Marie Weaver
15. Residence (Usual place of abode) Duncan Ariz
If non-resident, give place and state. Route # 2

16. Color or race white 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Texas
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alice at 11:30 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature F. W. Butler Physician
Address Clifton Arizona (Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____ Filed 3/2, 1929 Mat Daneylan
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

125-1220-169